



REYNOLDSBURG POLICE DEPARTMENT

TRAFFIC ACCIDENT COURTESY REPORT

REPORT NUMBER (POLICE USE ONLY)	DATE OF ACCIDENT	DAY OF WEEK	TIME OF ACCIDENT AM. PM.
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ACCIDENT OCCURRED ON	WITHIN INTERSECTION OF	IF NOT INTERSECTION, LIST NEAREST STREET NUMBER
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INFORMATION ABOUT YOU/YOUR CAR (UNIT #1)

YOUR NAME (LAST, FIRST, MI)	ADDRESS	CITY	STATE	ZIP
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DRIVERS LICENSE #: STATE:	HOME PHONE # WORK:	DATE OF BIRTH D M Y	AGE	SEX	# OF OCCUPANTS IN CAR
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VEHICLE OWNER'S NAME (IF NOT YOU)	ADDRESS/CITY/STATE/ZIP	HOME PHONE # WORK:
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YOUR CAR- CIRCLE DAMAGED AREA	YOUR CAR'S YEAR	MAKE	LICENSE PLATE #	STATE	OTHER CAR-CIRCLE DAMAGED AREA
	OTHER CAR'S YEAR	MAKE	LICENSE PLATE #	STATE	

INFORMATION ABOUT OTHER DRIVER/ CAR (UNIT #2)

OTHER DRIVER NAME (LAST, FIRST, MI)	ADDRESS	CITY	STATE	ZIP
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DRIVERS LICENSE #: STATE:	HOME PHONE # WORK:	DATE OF BIRTH D M Y	AGE	SEX	# OF OCCUPANTS IN CAR
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OTHER VEHICLE OWNER'S NAME (IF NOT YOU)	ADDRESS/CITY/STATE/ZIP	HOME PHONE # WORK:
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DESCRIBE HOW ACCIDENT HAPPENED (USE ADDITIONAL PAPER, IF NECESSARY) _____

DIAGRAM OF ACCIDENT SCENE -SHOW NORTH WITH ARROW	I SWEAR THAT THE FACTS CONTAINED HEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE
	SIGNATURE _____
	DATE _____
	THIS INFORMATION WAS OBTAINED FROM THE PERSON WHOSE SIGNATURE APPEARS ABOVE

PLACE STAMP HERE

REYNOLDSBURG POLICE DEPARTMENT
7240 EAST MAIN STREET
REYNOLDSBURG, OHIO 43068

FOLD ON DOTTED LINES AND TAPE CLOSED

*****INSTRUCTIONS*****

1. ALL DRIVERS INVOLVED IN AN ACCIDENT ARE REQUIRED TO EXCHANGE THE FOLLOWING INFORMATION:
 - ▶ NAME OF DRIVER
 - ▶ PHONE #
 - ▶ OPERATOR LICENSE NUMBER
 - ▶ CAR LICENSE NUMBER
 - ▶ NAME OF INSURANCE COMPANY/AGENT (FORMS ARE PROVIDED IN THIS PACKET FOR THIS PURPOSE)
2. FILL IN ALL THE BLANKS ON THE "TRAFFIC ACCIDENT COURTESY REPORT" FORM IN THIS PACKET. WHEN THIS FORM IS COMPLETED, MAIL OR DROP IT OFF AT THE REYNOLDSBURG DIVISION OF POLICE. THIS MUST BE DONE WITHIN 14 DAYS.